

INTERAGENCY COORDINATING COUNCIL ON EARLY INTERVENTION

PLANNING SESSION SUMMARY

JANUARY 11-12, 2006

MEMBERS PRESENT:

Raymond M. Peterson, M.D., Chair; Arleen Downing, M.D.; Toni Gonzales; Gretchen Hester; Rick Ingraham representing DDS; Cynthia Jaynes representing ADP; Beverly Morgan-Sandoz representing Head Start; Hallie Morrow, M.D. representing DHS; Theresa Rossini; Cheryl Treadwell representing CDSS; Marie Kanne Poulsen, Ph.D.; Elaine Fogel Schneider, Ph.D.; Alicia Shelfin-Thompson representing DMH

MEMBERS ABSENT:

Jim Bellotti, CDE; Sylvia Carlisle, M.D.; Thomas Mc Cool, Ed.D.

OTHERS PRESENT:

Toni Doman, Susan Graham, Laurie Jordan, Ed Gold, Linda Landry, Debbie Sarmiento, Ursula Bischoff, Sherry Torok, Carmen Harms, Suzanne Del Sarto, Peter Guerrero, Angela McGuire, Stephanie Myers, Elissa Provance, Virginia Reynolds, Melissa Campos, Cheri Schoenborn

RECORDERS:

Patric Widmann
Kathryn Solorzano

WELCOME AND INTRODUCTIONS:

The planning session was called to order and self-introductions were made. The facilitator, Ursula Bischoff, was introduced and the agenda was reviewed.

HISTORICAL INFORMATION was shared regarding Part C system requirements, the previous ICC planning cycle which began January 2003 and the current status of the ICC's September 2005 Recommendations (Attachment B of Executive Committee Minutes). The ICC members, community representatives and supporting staff were commended for their efforts during the past planning cycle. Rick Ingraham reported that OSEP was impressed with the diversity, participation and effort of California's ICC. At this time DDS is evaluating the ICC's recommendations including the feasibility and cost of implementation.

THE CHANGING LANDSCAPE was reviewed by Rick Ingraham emphasizing the changes in federal requirements and the State Performance Plan (SPP) submitted to OSEP (Attachment A). The SPP indicators of particular interest to

DDS are the child and family outcomes. Other DDS priorities include determining the reasons for mediation/due process withdrawals, delivering services in natural environments, obtaining accurate referral data, clarifying procedures for CAPTA referrals, and determining a formula for setting reasonable targets for the percentage of children served. The relationship between the SPP indicators and the ICC's recommendations was noted (Attachment B).

Program activities and the evaluation process were also reviewed. DDS and CDE are collaborating on data collection and the gathering of longitudinal data. An independent contractor is evaluating the Early Start monitoring process including compliance requirements and best practices applied in local communities. Data collection methodology for establishing a baseline for the child and family outcomes was discussed in relationship to the Annual Performance Report that is due in February 2007. Another OSEP requirement mentioned was the annual Part C Grant Application that is due April 2006. OSEP plans to visit DDS later this year for a fiscal and data review. The ICC's Annual Report for 2002-03 and 2003-04 is in administrative review.

The ICC PRIORITY SETTING process included review of the ICC's outstanding activities and discussion of the SPP improvement activities followed by a brainstorming activity to identify priorities. It was agreed that since DDS is required to address the SPP activities, these would not be included in the priority brainstorming. It was also agreed that ICC Parent Recruitment and Retention was automatically a priority and would be assigned to the ICC Parent Leadership Ad Hoc Workgroup.

The brainstorming topics (Attachment C) were consolidated, followed by priority voting. Agreement was reached to consolidate Infant Mental Health, Foster Care and CAPTA into one priority area. It was also agreed to combine Children with Special Health Care Needs, Managed Care and Outreach to Primary Health Care Providers. Final priority topics included:

1. Infant Mental Health, Foster Care, CAPTA (19)
2. Children with Special Health Care Needs, Managed Care, Outreach to PHCP (18)
3. Due Process Withdrawals (0)
4. Natural Environments (1)
5. Capacity Building (1)
6. Child Care (10)
7. Measurable outcomes/data collection (10)
8. Interagency Collaboration/Training (1)

The top priority topics selected were #1, #2 with #6 and #7 tied. Agreement was reached by consensus with #1, #2 and #6 approved as the priorities that the ICC would address over the next two years. It was noted that Priority #7 will be addressed by DDS in implementing the SPP and developing Annual

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Performance Reports. DDS agreed to keep the ICC informed on these activities. The group decided to postpone group work until the March ICC meeting.

ICC STRUCTURE, ROLES AND RESPONSIBILITIES

The structure of the ICC was discussed with the following agreements:

- The Parent Leadership Team (PLT) will function as an ICC ad hoc workgroup reporting to the Executive Committee with Gretchen Hester as Chair.
- The Executive Committee will continue with its current structure with Theresa Rossini as interim Chair.
- The ICC structure with four Standing Committees will continue, with further discussion on membership and priority assignments at the March meeting.
- Community representatives will be included in the discussions about priorities, identification of related issues and development of outcome statements.
- In accordance with the ICC's approved Parent Recruitment and Retention Plan, the recruitment of new parent members representing the diversity in California will be a high priority. DDS is issuing a letter calling for applications for ICC membership and to fill Community Representative positions.

Options discussed (or presented) to address each priority included the following:

1. Each Standing Committee could review each priority through its own lens.
2. Develop a structure that would facilitate joint committee meetings on a priority area.
3. Identify specific issues within each priority and assign issues to the appropriate Standing Committee(s).
4. Restructure Standing Committee membership and assign priorities as appropriate.
5. Assign a single priority area to each Standing Committee.

No agreements were reached.

THE MARCH 2006 AGENDA was discussed and outlined. It was agreed that the two day meeting schedule be restructured with Community Representative participation on both days. The Executive Committee will meet at 10 a.m. on Thursday with a recap of the January Planning Session, followed by group work in the afternoon. The group will develop outcome statements and identify issues for each priority and develop recommendations regarding priority assignments. There will be a wrap up session at the end of the day summarizing the work of the group and assigning priority topics to Standing Committees.

The Friday meeting will start at 8:30 with a one hour meeting of the Standing Committees to review the prior day's work followed by the regular ICC meeting at 9:30 a.m.

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Other agreements included:

- DDS will provide the ICC with copies of the ICC's papers on Foster Care and Child Care.
- The Executive Committee will review criteria developed by DDS for examining priority areas.
- DDS will provide workplan templates.
- Standing Committees will develop work plans for the priority area(s) assigned.
- DDS will update the response to the ICC's thirty-three recommendations.
- Cynthia Jaynes, ADP will report on the work of the State Interagency Team's workgroup on Alcohol and other Drugs (AOD).

There was With no public input and the Planning Session was adjourned at 12:10 p.m.